

Foster Family Home - Corrective Action Report

Provider ID: 1-100006

Home Name: Sara Choi, CNA

Review ID: 1-100006-6

92-1135 Makamai Loop

Reviewer: Angelica Galindo

Kapolei

HI 96707

Begin Date: 8/14/2018

End Date: 8/14/18

Foster Family Home

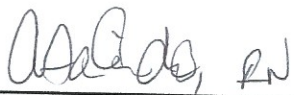
Required Certificate

[17-1454-6]

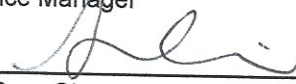
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/14/18.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

8/14/18

Date

8/14/18

Date